

Med
M

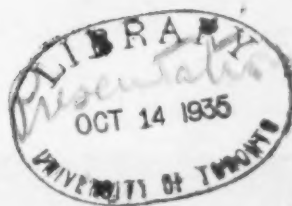
U

The Manitoba Medical Association Review

ANNUAL MEETING
AND POST GRADUATE WEEK
WINNIPEG, SEPT. 9-14



IN AFFILIATION WITH
THE CANADIAN MEDICAL ASSOCIATION
THE BRITISH MEDICAL ASSOCIATION



September
1935
Vol. XV., No. 9

ALKA-ZANE

KNOWLEDGE YET TO COME

There are still questions to be answered concerning the state of acidosis. But studies of the mineral requirements of the body confirm the need of an increased supply of alkaline salts in acidosis from respiratory infections, infectious diseases, nephritis, rheumatic fever, cyclic vomiting, general anesthesia, pregnancy and certain skin diseases. This need is supplied by ALKA-ZANE, a palatable effervescent salt, available in bottles of four ounces.

TRIAL SUPPLY GLADLY SENT TO PHYSICIANS

WM. R. WARNER & CO.
LIMITED



727 KING STREET, WEST,
TORONTO, ONTARIO

Manitoba Medical Association

Committee on Sociology

- E. S. MOORHEAD, B.A. (T.C.D.),
M.B., B.Ch. (Dub.), B.A.O.,
F.R.C.P. (C.), Chairman.
F. W. JACKSON, M.D. (Man.),
D.P.H. (Tor.), Secretary.
J. A. GUNN, C.B., O.B.E., B.A.,
M.D., C.M. (Man.), F.R.C.S.
(C.).
J. C. McMILLAN, M.D. (Man.),
F.R.C.P. (C.).
ROSS B. MITCHELL, B.A., M.D.,
C.M. (Man.), F.R.C.P. (C.).
F. D. McKENTY, M.D. (Man.),
F.R.C.S. (C.).
C. ATHOL R. GORDON, M.D.
(Man.).
H. MEDOVY, B.A., M.D. (Man.).

Executive Officers

President

- G. W. ROGERS, M.D. (Man.),
Dauphin.

First Vice-President

- F. D. McKENTY M.D. (Man.),
F.R.C.S. (C.), Winnipeg.

Second Vice-President

- G. P. ARMSTRONG, M.D. (Man.),
Portage la Prairie.

Honorary Secretary

- F. W. JACKSON, M.D. (Man.),
D.P.H. (Tor.), Winnipeg.

Honorary Treasurer

- F. G. McGUINNESS, M.D., C.M.
(Man.), B.A.O. (Dub.),
F.R.C.S. (C.), Winnipeg.

Retiring President

- J. C. McMILLAN, M.D. (Man.),
F.R.C.P. (C.), Winnipeg.

Advisory Council

President of Manitoba Medical
Association:

G. W. ROGERS, M.D. (Man.)

Representative of College of
Physicians and Surgeons.

Dean of Faculty of Medicine:

A. T. MATHERS, M.D., C.M.
(Man.), F.R.C.P. (C.)

Deputy Minister of Health and
Public Welfare:

F. W. JACKSON, M.D. (Man.)
D.P.H. (Tor.)

May Be Added:

M.O.H. of District.

President of District Society.

Others as required.

Members of the Executive

Representatives of District Medical Societies

Central

W. H. CLARK, M.D. (Man.).

Southern

J. F. WOOD, M.D. (Man.).

Brandon and District

E. W. SPENCER, M.D. (Man.).

North-Western

R. F. YULE, M.D. (Man.).

Winnipeg Medical

W. E. CAMPBELL, M.D. (Man.).

Northern

G. D. SHORTREED, M.D., C.M.
(Man.).

Border Medical

W. O. HENRY, B.A., M.B. (Tor.).

Members Elected at Large

E. D. HUDSON, M.D. (Man.),
Hamiota

(Term Expires 1935)

J. S. McINNES, M.D. (Man.),
Winnipeg

(Term Expires 1935)

C. W. WIEBE, M.D. (Man.),
Winkler

(Term Expires 1936)

F. A. BENNER, M.D., C.M. (McG.),
M.R.C.S. (Eng.), L.R.C.P. (Lond.),
Winnipeg

(Term Expires 1936)

T. W. SHAW, M.D. (Man.),
Russell

(Term Expires 1937)

W. E. R. COAD, M.D., C.M. (Man.),
M.R.C.S. (Eng.), L.R.C.P. (Lond.),
F.R.C.S. (Edin.),
Winnipeg

(Term Expires 1937)

Representatives of College of Physicians and Surgeons of Manitoba

H. O. McDIARMID, M.D., (Man.),
Brandon.

W. G. CAMPBELL, M.D., C.M.
(McG.), Winnipeg.

W. H. SECORD, M.C., M.D., C.M.
(McG.), Winnipeg.

Representative on C.M.A. Executive Committee

E. S. MOORHEAD, B.A. (T.C.D.),
M.B., B.Ch. (Dub.), B.A.O.,
F.R.C.P. (C.), Winnipeg.

Committees

Editorial Board of C.M.A. Journal:

ROSS B. MITCHELL, B.A., M.D.,
C.M. (Man.), F.R.C.P. (C.).
E. S. MOORHEAD, B.A. (T.C.D.)
M.B., B.Ch. (Dub.), B.A.O.,
F.R.C.P. (C.).

Representatives to C.M.A. Council:

G. W. ROGERS, M.D. (Man.).

F. W. JACKSON, M.D. (Man.),
D.P.H. (Tor.).

(Five others to be appointed later.)

Auditors:

D. C. AIKENHEAD, M.D. (Man.).

A. J. SWAN, M.D. (Man.).

Committee on Maternal Mortality:

C. LENNOX ARTHUR, M.D.
(Man.), F.R.C.S. (C.), Con-
vener.

Editorial Committee:

C. W. MACCHARLES, M.D.
(Man.), Convener.

Workmen's Compensation Referee Board:

W. CHESTNUT, M.D., C.M.
(Man.), Chairman.

W. H. SECORD, M.C., M.D., C.M.
(McG.), Vice-Chairman.

Third member to be selected from
panel for each meeting.

Legislative Committee:

G. S. FAHRNI, M.D., Ch.M.
(Man.), F.R.C.S. (C.), Chair-
man.

Radio Committee:

R. W. RICHARDSON, M.D.
(Man.), Convener.

Extra Mural Committee:

J. S. McINNES, M.D. (Man.),
Convener.

Committee on Historical Medicine and Necrology:

ROSS B. MITCHELL, B.A., M.D.,
C.M. (Man.), F.R.C.P. (C.),
Convener.

... now add **ECONOMY** to the
many advantages of
IODOBISMITOL



As an indication of its effectiveness, extensive clinical trial and the experience of individual physicians have shown that the use of Iodobismitol in primary syphilis results in prompt healing of the lesions and a prevention of the secondary eruption. The bismuth of Iodobismitol is rapidly absorbed and distributed throughout the body. Its elimination is slow—yet regular—permitting a prolonged bismuth effect. It is well tolerated by the kidneys and by the muscle into which it is injected.

Now, in addition to these many advantages, Iodobismitol is more economical. An individual dose of Iodobismitol now costs the physician from 12 to 20 cents, depending on the quantity and type of package used.

*For literature write
Professional Service Dept.,
36 Caledonia Road, Toronto, Ont.*

Iodobismitol differs from other antisymphilitic preparations in that it presents bismuth largely in anion form. It is a stable solution of sodium iodobismuthite (0.06 Gm. per cc.) in ethylene glycol containing 12 per cent. sodium iodide. It is obtainable only under the Squibb label and is supplied in boxes of 10 and 100, 2-cc. ampuls and in 50-cc. vials.

E. R. SQUIBB & SONS OF CANADA, Ltd.
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

Clinical Section

THE INFLUENCE OF CHRONIC GALL BLADDER DISEASE ON THE HEART *with the attending Diagnostic Difficulties*

By

CHARLES HUNTER, M.A., M.D. (Aber.)
F.R.C.P. (Lond.)

*Professor Emeritus in Medicine
University of Manitoba*

I approach this very live problem from the clinical standpoint, with special reference to the role surgery may justifiably play, as the physician sees it.

Many difficulties arise at the outset. Gall bladder disease and cardiac disease are both extremely common in middle and advanced age; Llewellys Barker and Von Bergmann have recently estimated that 30% of all men and 40% of all women, after the age of 40 who come to autopsy, are found to have gall stones, while White points out that, of 3,000 physicians who died in the United States during 1931, over 1,000 died of heart disease.

Such common diseases must often coincide in the same individual; Willius & Brown found in 86 autopsies of coronary sclerosis, gall bladder disease in 26% while Schwartz & Herman recently found in 109 patients with cholecystitis, evidence of associated myocardial disease in 63.3%.

For my purpose, such statistics merely emphasize the great frequency with which both pathological conditions are associated and suggest the necessity for caution in assuming any special influence of one disease on the other.

Difficulties especially arise because our *diagnosis* is frequently at fault; acute cholecystitis is mistaken for cardiac infarction and vice versa: angina pectoris is confused with gall bladder pain. These errors becloud the issue in question—the influence of chronic gall bladder disease on the heart—and must be first dealt with, otherwise unreliable conclusions may be drawn from the results of operative interference, performed under faulty diagnosis.

Such diagnostic errors arise largely from unwarrantably stressing cardiographic and gall bladder visualization findings at the expense of a careful history. In recognizing gall bladder disease of an active type, definite gall bladder colic outweighs all other evidence, while a gassy dyspepsia alone is quite unreliable; non-visualization of the gall bladder by Graham's method and even negative shadows of calculi in a gall bladder may in the absence of confirmatory gall bladder colic have no clinical significance, representing merely the silent gall bladder disease, which is

so often met with in the post mortem room. On the other hand, the gall bladder may visualise and yet may be the culprit, as Kirklin finds in 10.5% of his cases—due sometimes to upset of the neuro-muscular mechanism of the extra-hepatic biliary tract and sometimes to a calculus temporarily blocking the cystic duct but allowing at other times free flow of bile into a comparatively normal walled gall bladder.

No doubt, typical gall bladder colic should rarely be confused with heart pain, for the maximal site is usually in the right upper quadrant or in the epigastrium, passing to the back or right shoulder; colic in character, it is often associated with a sense of extreme distension in the epigastrium and is rarely induced by exercise, the victims being especially women in middle age. But in practice, it is at times extremely difficult to distinguish between severe cholecystitis and coronary thrombosis; in both, the pain comes usually at rest, may be confined to the high epigastrium, may last for hours and be accompanied by restlessness of the sufferer and by rigidity of the upper abdominal muscles. In severe cases of coronary thrombosis, the collapse, the feeble sometimes rapid beat with gallop-rhythm, the breathlessness or even cyanosis, the frequent spread of the crushing pain upwards behind the sternum and even into the arm, the possible history of preceding angina, will usually guide one to the heart; a falling blood pressure early, a leucocytosis and rise of temperature later with possibly a local and passing pericardial rub, may settle a hitherto doubtful diagnosis.

The electrocardiogram is most valuable—sometimes decisive—in doubtful cases, but in general the tracing must be interpreted not as an isolated and authoritative pronouncement but as a useful aid to the history and physical examination, the value of which outweighs the most precise laboratory findings. Thus persistent breathlessness on slight exertion, developing immediately after a doubtful attack of high epigastric pain may in the absence of all other evidence settle the diagnosis in favour of a preceding cardiac infarction.

On the other hand, abnormal cardiographic findings and even definite myocardial disease may be present; breathlessness may be marked and the enlarged liver with a tender edge may seem but the natural result of back pressure from a failing heart, though closer examination may show the hepatic tenderness curiously confined to the gall bladder neighbourhood. Yet recurring attacks of high abdominal colic or at least distress may antedate these cardiac disturbances which now dominate the clinical picture; a sudden frank cholecystitis or a little jaundice following a low-sternal, high epigastric pain of doubtful origin may reveal gall bladder disease, hitherto unsuspected (though jaundice occasionally occurs in cardiac infarction also).

These are the patients about whom Babcock, T. R. Brown and others have written and in my own experience, several such cases have been greatly improved by cholecystectomy. Evidently the gall bladder infection has weakened the myocardium which recovers considerably when the source of infection is removed. But remember, the gall bladder disease must have shown evidence of activity; the mere presence of a non-functioning gall bladder or of gall stones demonstrable on x-ray examination but accidentally discovered, is no reason at all for operative interference, just because the heart shows signs of disease.

It is well to reflect that while gall bladder disease is much more common in women, coronary thrombosis and angina pectoris are much more common in men—hardly an argument for their close interdependence, but rather emphasizing the necessity for critical investigation of individual cases before surgery is seriously considered. Still, it may be laid down as an axiom that *every case of suspected coronary occlusion should be carefully reviewed from the gall bladder standpoint*—one must deliberately consider whether all the symptoms of the supposed heart case might be due to gall bladder disease, or at least whether some of the attacks might be so explained and if so, whether operation be advisable.

The cases of *angina pectoris* must be similarly reviewed. No doubt, typical angina pectoris is easily recognized: a gripping, pressing pain—in mild cases, merely an ache or sense of fullness—develops behind the sternum, on exertion especially after a meal or on exposure to cold or under great excitement; the substernal position with possibly radiation to the left, or exceptionally to the right, arm is characteristic—it does not spread downwards into the abdomen or to the back, though it may pass up to the throat. The pain is not sharp and stabbing, though its gripping quality may be modified to a numb, burning or tingling sensation, especially in the arm; it is rarely if ever referred to the apex of the heart or to the left costal margin. The distress is only exceptionally accompanied by a fear of impending death, in my experience; it disappears rapidly when the patient stands still or slows up and nitroglycerine, grain 1/100, hastens its disappearance; the pulse rate and rhythm are usually normal in an attack; the average blood pressure in 100 cases was found by Levine to be 160 with diastolic of 95; the condition occurs most frequently in men over 50.

Too much reliance has been placed on the cardiogram in doubtful cases; it is now known that some 20% of all cases of angina pectoris show no abnormality in the electrocardiogram and for that matter, physical examination including an x-ray of the chest may be equally negative—the history again is the only clue to the diagnosis in these cases.

I have emphasized the symptoms of angina pectoris partly because one finds that recurring cholecystitis is sometimes mistaken for angina

pectoris and surgery obviously indicated is thereby indefinitely postponed but especially because both chronic cholecystitis and angina pectoris may coincide in the same patient and *marked improvement or even disappearance of the anginal symptoms may follow a successful cholecystectomy.*

In general, one may say that underlying angina pectoris, there is organic disease of the coronary arteries, with some interference to the supply of blood to the heart. Such coronary disease, however, may in certain cases be insufficient to produce symptoms of angina pectoris, unless an additional factor be present such as marked anaemia, mitral stenosis or hyperthyroidism. Now the diseased gall bladder also provides just such an added factor in some cases. Certain it is that one sometimes gets a history of undoubted cholecystic attacks, intermingled later with undoubted anginal seizures—an angina which is relieved or cured for years at least, by cholecystectomy. Of this truth, I have personally had a number of examples. It would seem that from the upper abdomen, stimuli may arise, which reflexly increase the tone of the coronary arteries, diminishing the flow of blood through them to the cardiac muscle—a flow already narrowed by coronary disease. Timely cholecystectomy by getting rid of this reflex stimulation, improves the cardiac circulation, just as a sympathectomy in suitable cases of thrombo-angeitis obliterans may greatly improve the peripheral circulation by removing all associated spasm.

Nor is the risk of operative interference greatly increased in the presence of angina pectoris; thus Butler, Feeney and Levine record 41 operations performed on 35 patients with angina pectoris, with only 3 unexpected deaths, while Judd, of Rochester, does not hesitate to do a cholecystectomy on any case of angina pectoris, who would otherwise require it, provided the patient is adequately prepared for operation.

Butler's statistics, however, do show that if a patient is operated on under the mistaken diagnosis of an abdominal emergency—severe cholecystitis, perforated ulcer, acute pancreatitis—when the symptoms are really due to an acute coronary thrombosis, the death rate will be exceedingly high. This but emphasizes the necessity for correct diagnosis in cardiac v. high abdominal emergencies; with the diagnosis assured, the clinician then tries to evaluate if active gall bladder disease adds to the burden of an associated myocardial weakness or to the frequency of an associated angina pectoris and finally he must decide if cholecystectomy, or at a pinch, cholecystotomy is indicated.

"Treatment is an art—but it is an art that should have an underlying scientific basis, or at least intelligent idea, and there should be no ingredient in the treatment the inclusion of which cannot be justified if questioned."—E. W. Giesen.

OSCOL ARGENTUM

NON-IRRITANT
COLLOIDAL
SILVER SUSPENSION
STAINLESS
BACTERICIDAL

For undiluted use in eye, ear nose and throat and genito-urinary organs. Not identified by the patient.

Oppenheimer Son & Co.

Limited
LONDON, ENGLAND

Samples and Literature upon Request to

VanZant & Company

357 College Street,

Toronto

*Medical literature stresses increasingly
Arsphenamine compounds in treating
the necessity of the adequate use of the
Syphilis.*

•
**USE
NOVARSAN
SOLUTION**

in your general practice

A Neoarsphenamine of the highest therapeutic potency and lowest toxicity, it comes in solution, ready to inject.

You merely withdraw the NOVARSAN SOLUTION into your hypodermic syringe and inject intravenously.

SYNTHETIC DRUG CO., LTD.

243 COLLEGE STREET

TORONTO

When Gastric Acidity is Excessive

HYDROXYL

(HARTZ)

brings prompt relief. Neutralization of excess acid being quickly effected without further discomfort to a patient already suffering from distention.

The constipating effect of the Bismuth which the product contains is counter-acted by the laxative action of the colloidal Magnesium Hydroxide.

Best results are obtained by prescribing one to four fluid drachm doses well diluted with water half an hour before food.

The J. F. HARTZ Co. Limited

Pharmaceutical Manufacturers

TORONTO

MONTREAL

5 TYPES

**"Delightfully
Palatable"**

Your patients will cooperate willingly when delightfully palatable Petrolagar is prescribed in the treatment of constipation. We suggest that you taste Petrolagar and note the pleasant flavor. Petrolagar is a mechanical emulsion of liquid petrolatum (65% by volume) and agar-agar.

Samples free on request

Petrolagar Laboratories of Canada, Ltd.
364 Argyle Road
Walkerville, Ontario

Petrolagar

FOR CONSTIPATION



(Model 412)

**HIGH BACK
SACRO-ILIAC
and BODY
SUPPORT**

•
Very Helpful in Cases
requiring Lumbar Sup-
port, as well as Sacro-
Iliac.

•
Acts as a Substitute
for Body Brace where
it is desirable to avoid
Shoulder Straps.

•
*Made in Winnipeg
by*

**Fisher & Burpe
Ltd.**

ILLUSTRATED
CATALOGUE
and
PRESCRIPTION
BOOKLET
FURNISHED
ON REQUEST

The Accurate Determination of Vitamin A in RADIOSTOLEUM

For years past the Vitamin A content of Radiostoleum has been determined by three distinct methods:

- (a) The Carr-Price method, which was developed in the B.D.H. laboratories in 1926.
- (b) The spectrophotometric method, which has the additional advantage that it yields accurate results with many crude liver-oils.
- (c) The biological method which confirms by animal test the curative action of Vitamin A.

Vitamin A has never yet been made in the pure crystalline form, a purified oily concentrate prepared in the B. D. H. laboratories being the nearest approach to absolute purity (vide Nature, January 21st, 1933, p. 92). Before attempting to express exact Vitamin A strengths in percentages, the B. D. H. prefer to await the final stage in the making of the pure vitamin. The strengths of the B. D. H. Vitamin A preparations are expressed in the meantime in international units, this unit being the Vitamin A activity of 0.0006 mgm. of B carotene.

The Vitamin A activity of one gramme of Radiostoleum as determined by the above three methods is 15,000 international units (30,000 in the case of the capsules).

*Stocks of Radiostoleum are held by leading druggists throughout the Dominion
and full particulars are obtainable from*

The British Drug Houses (Canada) Ltd.

Terminal Warehouse

TORONTO 2, ONT.

Rstm/Can/359

Editorial and Special Articles

The Manitoba Medical Association Review

Formerly the Bulletin of the Manitoba Medical Association

ESTABLISHED 1921

WINNIPEG, SEPTEMBER, 1935

Published Monthly by the
MANITOBA MEDICAL ASSOCIATION
Editorial Office
101 MEDICAL ARTS BUILDING, WINNIPEG

Editor

C. W. MACCHARLES, M.D. (MAN.)

Advisory Editor

ROSS B. MITCHELL, B.A., M.D., C.M. (MAN.),
F.R.C.P. (C.)

Business Manager

J. GORDON WHITLEY

Annual Subscription - \$2.00

Editorial or other opinion expressed in this Review is not necessarily
sanctioned by the Manitoba Medical Association.

[COPYRIGHT]

MINUTES of a meeting of the Winnipeg members of the Executive of the Manitoba Medical Association held in the Medical Arts Club Rooms on Wednesday, August 14th, 1935, at 12.30 noon.

Those present were:

Dr. F. D. McKenty, Vice-President, in the chair	
Dr. F. G. McGuinness	Dr. Ross Mitchell
Dr. J. S. McInnes	Dr. C. W. MacCharles
Dr. E. S. Moorhead	Dr. F. W. Jackson
Dr. F. A. Benner	

The meeting was called to discuss the proposal of holding a Health Exhibition in Winnipeg under the auspices of the Back-to-the-Land Assistance Association some time in the fall.

The Association has been asked to co-operate in this exhibition and with the understanding that it would be completely under the association's control.

After considerable discussion and hearing a report by Dr. A. M. Goodwin, who had been appointed by the Executive to carry on negotiations with the Back-to-the-Land Assistance Association, it was moved by Dr. F. A. Benner, seconded by Dr. Ross Mitchell: That we co-operate with the Back-to-the-Land Assistance Association in putting on a Health Exhibition in the fall of 1935, providing that everything in connection therewith comes up to the requirements set out by the Manitoba Medical Association. —Carried.

Moved by Dr. E. S. Moorhead, seconded by Dr. J. S. McInnes: That Dr. A. M. Goodwin be convener of a committee, with power to add, to co-operate with the Back-to-the-Land Assistance Association in putting on this exhibition. —Carried.

Dr. Goodwin informed the meeting that the preliminary meeting was to be held Friday night, and it was moved by Dr. J. S. McInnes, seconded by Dr. C. W. MacCharles: That Dr. E. S. Moorhead and Dr. F. D. McKenty go with Dr. Goodwin to attend this preliminary meeting. —Carried.

There being no further business to put before the meeting, it adjourned.

POST GRADUATE COURSE, SEPT. 9-14

Arrangements for the Post Graduate Course, which is to be held at the Medical College, Sept. 9-14, have been completed. This course will lay special emphasis on the preventive aspects of medicine, dealing with such subjects as Trachoma, Diphtheria, Infant Hygiene, Mental Hygiene, etc. Among the guest speakers will be Dr. J. C. Meakens, Montreal, Dr. R. I. Harris, Toronto, and Dr. W. V. Cone, of Montreal. Clinical demonstrations in Medicine, Fractures, Dermatology and Varicose Veins are being arranged for out-of-town practitioners. The committee in charge of registration requests that all those intending to take this course mail in application forms to the Secretary, 216 Medical Arts Building, Winnipeg.

POST GRADUATE COURSE FACULTY OF MEDICINE

September 9 to 14

The post graduate course of the Faculty of Medicine will be held this year September 9th to 14th, inclusive. The course this year will deal principally with preventive medicine and public health and is arranged by co-operation with the Department of Health of the Province of Manitoba. In view of the fact that the clinical section of the Annual Meeting of the Manitoba Medical Association was held in May in conjunction with the Ontario Medical Association, the annual business meeting of the Manitoba Medical Association will be held during the week of this course.

In addition to the regular lectures there will be addresses by three clinicians from Eastern Canada: Dr. Meakens, Professor of Medicine at McGill and President of Canadian Medical Association, Dr. Cone of the Neurological Institute, Montreal, and Dr. Harris of the Surgical Department of the University of Toronto.

The outline of the tentative programme includes discussion of Diphtheria, Trachoma, Child and Maternal Hygiene, Cancer, Venereal Disease, Mental Hygiene, Chronic Respiratory Sepsis and Injuries and Infection of the Hand. Dr. Wall, Director of Trachoma Control, Department of Indian Affairs, will show a series of cases from the Indian Reserve.

College of Physicians and Surgeons of Manitoba

<i>President</i>		
WM. TURNBULL, M.D., C.M. (Man.), Winnipeg.		
<i>Vice-President</i>		
H. O. McDIARMID, M.D. (Man.), Brandon.		
<i>Registrar</i>		
W. G. CAMPBELL, M.D., C.M. (McG.), Winnipeg.		
<i>Treasurer</i>		
W. H. SECORD, M.C., M.D., C.M. (McG.), Winnipeg.		
<i>Executive Committee</i>		
WM. TURNBULL, M.D., C.M. (Man.)		
W. H. RENNIE, M.D. (Man.)		
W. G. CAMPBELL, M.D., C.M. (McG.)		
L. D. COLLIN, M.D. (Man.)		
J. S. MCINNES, M.D. (Man.)		
H. O. McDIARMID, M.D. (Man.)		
C. W. BURNS, B.A., M.D., C.M. (Man.), F.R.C.S. (C.)		
<i>Representatives to Manitoba Medical Association</i>		
W. G. CAMPBELL, M.D., C.M. (McG.)		
W. H. SECORD, M.C., M.D., C.M. (McG.)		
H. O. McDIARMID, M.D. (Man.)		
<i>Discipline Committee</i>		
R. J. CAMPBELL, M.D., C.M. (Man.)		
S. BARDAL, M.D., C.M. (Man.)		
A. E. MCGAVIN, M.D., C.M. (Man.)		
D. G. ROSS, M.D., C.M. (Man.)		
C. W. BURNS, B.A., M.D., C.M. (Man.), F.R.C.S. (C.)		
<i>Taxing Committee</i>		
D. G. ROSS, M.D., C.M. (Man.)		
W. H. SECORD, M.C., M.D., C.M. (McG.)		
W. J. HARRINGTON, M.D. (Man.)		
<i>Trustees of Gordon Bell Memorial Fund</i>		
W. G. CAMPBELL, M.D., C.M. (McG.)		
D. H. MCCALMAN, M.D., C.M. (Man.)		
WM. TURNBULL, M.D., C.M. (Man.)		
<i>Representatives on Committee of Twelve</i>		
DIGBY WHEELER, B.A. (Tor.), M.A., M.D., C.M. (Man.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)		
WM. TURNBULL, M.D., C.M. (Man.)		
R. J. CAMPBELL, M.D., C.M. (Man.)		
<i>Registration Committee</i>		
W. G. CAMPBELL, M.D., C.M. (McG.)		
L. D. COLLIN, M.D. (Man.)		
DIGBY WHEELER, B.A. (Tor.), M.A., M.D., C.M. (Man.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)		
<i>Education Committee</i>		
C. W. MACCHARLES, M.D. (Man.)		
W. H. SECORD, M.C., M.D., C.M. (McG.)		
C. C. EVERSON, M.D., C.M. (Man.)		
W. F. STEVENSON, M.D. (Man.)		
<i>Finance Committee</i>		
W. H. SECORD, M.C., M.D., C.M. (McG.)		
W. H. RENNIE, M.D. (Man.)		
W. J. HARRINGTON, M.D. (Man.)		
<i>Legislative Committee</i>		
J. S. POOLE, M.D., C.M. (Man.)		
H. O. McDIARMID, M.D. (Man.)		
W. G. CAMPBELL, M.D., C.M. (McG.)		
C. W. MACCHARLES, M.D. (Man.)		
W. H. SECORD, M.C., M.D., C.M. (McG.)		
D. G. ROSS, M.D., C.M. (Man.)		

Members of the Manitoba Medical Association and all other medical men are urged to attend.

Report of the proceedings at an Executive Meeting held July 27, 1935.

1. Report progress on the activities of the Committee of Twelve.

2. Report from the Discipline Committee concerning an investigation of the actions of two doctors towards the Unemployment Relief Dept.

3. Report of the Taxing Committee regarding a case of insurance in reference to an automobile accident. This matter was brought before this Executive first on April 27, 1935. The Taxing Committee performed their very valuable work, their report being that the doctor's fee was quite reasonable. Since receiving this report, the lawyer to whom the Insurance Company paid over the total claim, has seen fit to pay the doctor his full fee, instead of as he tried to do, him to half his claim.

A copy of this report was forwarded to the Winnipeg Law Society.

4. Report that a Magistrate's conviction against J. P. Oshenak, Chiropractor, was sustained by the Manitoba Court of Appeal.

5. Report in reference to a certain doctor in the province using letters after his name, falsely representing qualifications which he did not possess, was presented to the meeting. Several letters had been written to him requesting an explanation for his assuming these qualifications and asking that he furnish a disclaimer from any such future action. As he had not replied to any of these letters the Committee ordered that he

be summoned before the Discipline Committee for what action it may deem necessary.

6. Complaints lodged against four doctors required careful deliberation in each instance.

7. A request from Dr. R. F. Yule, Secretary, North Western Medical Society, stating "That the members of this Association reaffirm their previous resolution regarding writing the examinations of the Medical Council of Canada by subjects" was given due consideration. On two previous occasions such a resolution had been presented by the Council of Manitoba, but the Dominion Council had refused to consider our suggestion. The Executive Committee again passed a resolution asking that the Manitoba representatives again bring this question before the Dominion Council and urge its acceptance.

8. A letter was received some time ago from Dr. Laberge, Registrar of the College of Physicians and Surgeons of Quebec, asking for a meeting of the Registrars from all the provinces, to be held at the time of the Canadian Medical Association meeting at Atlantic City. Your Registrar pointed out to Dr. Laberge that a more representative gathering would be assembled during the Annual Meeting of the Medical Council of Canada, as all Councils, except Manitoba, appointed their Registrars as delegates to the Dominion Council. Dr. Laberge accepted this suggestion and has arranged such a meeting. The Executive appointed Dr. Secord as a representative from Manitoba.

9. The question of nurses acting as anaesthetists was discussed. The Department of Hospital Services of the Canadian Medical Association has

been investigating the recognition of Nurse Anaesthetists in hospital practice, and a report furnished for the whole of Canada.

At present it is reported there are two nurses giving anaesthetics at the General Hospital and one at the Concordia Hospital in Winnipeg, also in some hospitals in outlying towns.

The Committee considered this question a very important one, and referred it to the next meeting of the Council.

10. The problem of maintaining a standard of Medical Education and Licensure, with the idea of evolving ways and means of having all licensed practitioners compelled to advance with the discoveries of Medical Knowledge was before the meeting. The Committee considered this a very important question and referred it to the Council.

11. Matters of primary and medical education were referred to the Educational Committee.

12. The question of Deontology (Duty and Medical Ethics) was referred to the Council.

13. Several communications were presented and received due consideration.

The meeting adjourned.

DISCIPLINE COMMITTEE

A meeting of the Discipline Committee of the College of Physicians and Surgeons of Manitoba was held in the office of the Registrar, 605 Medical Arts Bldg., Winnipeg, Wednesday, June 12, 1935, at 8.00 o'clock p.m.

The members present were:

Dr. R. J. Campbell, *Chairman*.
Dr. S. Bardal
Dr. A. E. McGavin
Dr. D. G. Ross
Dr. C. W. Burns

The business before the meeting was consideration of an account rendered by Dr., Winnipeg, to the Unemployment Relief Department of the City of Winnipeg.

Dr., of, Winnipeg, and Dr., of, Winnipeg, were requested to appear before the Discipline Committee.

The Executive Committee considered this question at a meeting held April 27th, 1935, and by resolution referred it to the Discipline Committee for investigation.

Dr. R. J. Campbell read the following as the charge laid in this connection:

"Re. Mrs., of, Winnipeg. This woman was operated on at the Winnipeg General Hospital on March 8th, at 9 p.m., and was charged for by Dr. of, Winnipeg, appearing in his March account. On investigation it was found, both by this Department and the Committee on Sociology, that this

operation was not done by Dr., but was done by Dr. Dr.'s account for March was much over the quota, being \$132.00, and this Department feels that, in view of the circumstances, this account for \$25.00 should not be paid. This Department, at the advice of the Committee on Sociology, is asking for a ruling on this case from the College of Physicians and Surgeons."

Dr. R. J. Campbell asked Drs. if they had anything to say in this matter.

Discussion and questioning ensued regarding this case, and the following is the Finding and Recommendation of the Discipline Committee:

Finding.

"The Discipline Committee of the College of Physicians and Surgeons of Manitoba met in the office of the Registrar, 605 Medical Arts Building, Winnipeg, on Wednesday, June 12th, 1935, to consider the case of Dr. and Dr., as charged by the Unemployment Relief Department of the City of Winnipeg. Dr. and Dr. were present. It was admitted by Dr. and Dr. that Dr. performed the operation. Under these circumstances, Dr. should not receive compensation for his services in this case, as he was not actual operator.

"The rendering of such an account was an actual misrepresentation of fact. Both Dr. and Dr. claimed exoneration by pleading ignorance of the ruling that the operator only is entitled to render a charge for surgery on persons receiving Unemployment Relief."

Recommendation.

"We recommend that the Committee on Sociology send a short circular to every member in Greater Winnipeg, stating explicitly the rules in connection with the rendering of accounts to the Unemployment Relief Department, as it applies to this case. This will prevent pleading of ignorance in any future cases of this kind which may arise."

And Further, This Committee Recommends:

"That the report of the Findings and Recommendations of the Discipline Committee should be forwarded to the Unemployment Relief Department and the Committee on Sociology."

Celebrity Concert Series

DIRECTION FRED M. GEE - 24th SEASON
Crooks - Tenor, with Frantz, Pianist
Moscow Cathedral Choir La Argentina, Dancer
Minneapolis Symphony Orchestra
Ricci, Violinist Ballet Russe De Monte Carlo
Thomas, Baritone Grainger, Pianist
Flagstad, Soprano.

9 GREAT ATTRACTIONS 225 ARTISTS

SEASON TICKETS AT RECORD LOW PRICES.

Box Office, Winnipeg Piano Co. Ltd. Ph. 88 693

OVOL'S *are*

SPECIALLY DESIGNED
UNMARKED
UNCOLOURED TABLETS OF
ACETYSAL. AND COMBINATIONS.

OVOL "APCC"

Acetylsalicylic Acid	3½ grs.
Phenacetine	2½ grs.
Caffeine Citrate	½ gr.
Codeine Phosphate	⅛ gr.

OVOL "APC"

Acetylsalicylic Acid	3½ grs.
Phenacetine	2½ grs.
Caffeine Citrate	½ gr.

OVOL "A"

Acetylsalicylic Acid	5 grs.
----------------------------	--------

OVOL "APCC2"

Acetylsalicylic Acid	3½ grs.
Phenacetine	2½ grs.
Caffeine Citrate	½ gr.
Codeine Phosphate	¼ gr.

No packages for laity demand. In bottles of 100 and 500 Tablets only. Request literature and samples from our Winnipeg Branch - - - 203 Canada Bldg.

Manufactured by

FRANK W. HORNER LIMITED
MONTREAL - - CANADA

OGILVIE'S WHEAT - HEARTS

A Cereal Food
Particularly Suitable for Infants

Irritating Branny Particles
Have Been Removed to Ensure
a Food that is Easily Digested
and Nutritious

WHEAT-HEARTS

Are Sterilized before Packing
—Economical in Cost.



*Samples
Furnished
on Request*

Made in Manitoba by

The Ogilvie Flour Mills Co. Limited

WINNIPEG, MAN.

Clinical Week Programme

TUESDAY, SEPTEMBER 10

- 12.30 Complimentary Luncheon, Central Tuberculosis Clinic.
Guests of Sanitorium Board of Manitoba. Dr. Wherrett, Secretary of Canadian Tuberculosis Association, will be present.
- 2.00- 5.00 Maternal and Child Hygiene.
Chairman, Dr. F. G. McGuinness.
1. Infant Feeding—Dr. Gordon Chown.
 2. Trends in Maternal Mortality—Dr. E. W. Montgomery.
 3. New Thoughts on the Prevention of Maternal Deaths—Dr. Ross B. Mitchell.
 4. Treatment and Prognosis of Puerperal Septicaemia—Dr. F. T. Cadham.

WEDNESDAY, SEPTEMBER 11

- 9.00-11.00 Symposium on Conditions predisposing to Cancer.
Chairman, Prof. William Boyd.
1. Gynaecological Lesions—Prof. D. S. MacKay.
 2. Lip and Oral Lesions—Dr. M. R. MacCharles.
 3. Skin Lesions—Dr. G. V. Bedford.
 4. Gastrointestinal Lesions—Dr. P. H. T. Thorlakson.
- 11.00-12.15 1. Medical Clinic—Prof. C. R. Gilmour.
2. Fracture Clinic—Dr. W. A. Gardner.
3. Skin Clinic—Dr. A. M. Davidson.
4. Varicose Vein Clinic—Dr. C. E. Corrigan and Dr. W. A. McElmoyle.
These clinics limited to Practitioners outside of the City of Winnipeg.
- 12.30 Complimentary Luncheon—St. Boniface Hospital.
- 2.00 Venereal Diseases.
Chairman, Dr. S. C. Peterson.
Chairman's Address.
"Reduction of Morbidity in Venereal Disease."
- 2.30- 5.00 Five Rotating Clinics.
Early Syphilis, with demonstration of modern diagnostic and treatment methods.—Dr. S. C. Peterson.
"Our hope for the eradication of the plague of syphilis lies in its early diagnosis and adequate treatment."
Syphilis in Pregnancy.
Congenital Syphilis—Dr. Ross B. Mitchell.
"There is no excuse for the presence of congenital syphilis today."
Neurosyphilis—Its Diagnosis and Treatment—Dr. J. C. Hosack.
"Every potential tabetic and parietic can be diagnosed in the first year of his syphilitic infection and 95% of them can be completely cured."
Gonorrhoea, in the Male and Female—Dr. K. J. Backman.
"It is probable that, in the past, most of our efforts at treatment did more to retard and prevent cure than to aid in its accomplishment."
Trichomonas Vaginalis Vaginitis—with demonstration of cases and parasites and treatment methods—Dr. C. R. Rice.
"A very troublesome disease which is much more common than is generally known."

THURSDAY, SEPTEMBER 12

- 9.00-11.00 Mental Hygiene.
Chairman, Dean A. T. Mathers.
Guest Speaker—Dr. W. H. T. Mitchell, Mental Hygiene Institute, Montreal, assisted by Dr. W. M. Musgrove and Dr. G. L. Adamson. The purpose of this session being to acquaint physicians with some of the applications of Mental Hygiene and Psychiatry to problems met with in practice.
- 11.00-12.15 1. Medical Clinic—Prof. C. R. Gilmour.
2. Fracture Clinic—Dr. W. A. Gardner.
3. Skin Clinic—Dr. A. M. Davidson.
4. Varicose Vein Clinic—Dr. C. E. Corrigan and Dr. W. A. McElmoyle.
These clinics limited to Practitioners outside of the City of Winnipeg.
- 12.30 Luncheon and Annual Business Meeting of Manitoba Medical Association, Fort Garry Hotel.
Guest speaker—Dr. T. C. Routley, General Secretary, Canadian Medical Association.
President's Address—Dr. G. W. Rogers, Dauphin, Man.
- 3.30 Annual Golf Tournament—Manitoba Medical Association.

FRIDAY, SEPTEMBER 13

- 9.00-11.00 Chairman, Dr. E. S. Moorhead.
Visceral Infarction—Prof. J. C. Meakins, McGill University.
Diagnosis and Treatment of Tumours of Bone—Dr. R. I. Harris, University of Toronto.
Brain Abscess—Dr. W. V. Cone, Neurological Institute, Montreal.
- 11.00-12.15 1. Medical Clinic—Prof. C. R. Gilmour.
2. Fracture Clinic—Dr. W. A. Gardner.
3. Skin Clinic—Dr. A. M. Davidson.
4. Varicose Vein Clinic—Dr. C. E. Corrigan and Dr. W. A. McElmoyle.
These clinics limited to Practitioners outside of the City of Winnipeg.
- 2.00- 5.00 Diphtheria.
Chairman, Dr. E. W. Montgomery.
1. Diphtheria—Past, Present and Future Dr. A. J. Douglas, Medical Officer of Health, Winnipeg.
 2. Diagnosis—Dr. Dugald McIntyre, Assistant Medical Superintendent, Municipal Hospitals, Winnipeg.
 3. Treatment—Dr. E. F. Taylor, Municipal Hospitals, Winnipeg.
 4. Prevention and Control—Dr. C. R. Donovan, Provincial Epidemiologist, Winnipeg.
 5. Immunization Programmes—How to put them on. Dr. F. W. Jackson, Deputy Minister of Health and Public Welfare, Winnipeg.

SATURDAY, SEPTEMBER 14

- 9.00-12.00 Chairman, Dr. J. A. Gunn.
Head Injuries—Dr. W. V. Cone, Neurological Institute, Montreal.
Chronic Osteomyelitis—Dr. R. I. Harris, University of Toronto.
Prevention of Disability following Injuries and Infection of the Hand—Dr. A. J. Fraser, Chief Medical Officer, Manitoba Workmen's Compensation Bd., and Dr. Alexander Gibson.

R_x**PULMOSOL**

(c. Codeine Phos. gr. i. to 5 i.)

ANODYNE, ANTISPASMODIC
EXPECTORANT

Sig. - - 3i q.i.d.

Manufacturers of
ALLAYZOL, ACARICIDE, MOR-CA-MALT
ODROX, PULMOSOL.

Agents for
CONNAUGHT LABORATORIES
BURROUGHS WELLCOME & CO.
DRYCO, etc.

PRESCRIPTIONS DELIVERED

MAIL ORDERS GIVEN PROMPT ATTENTION.
Write or Wire Brathwaite's Limited.

Telephone 21 085

BRATHWAITES LTD.

(Successor to W. F. C. Brathwaite)
Founded 1902

PORTAGE AVENUE, cor. Vaughan Street
Sunday Hours: 12 noon to 9 p.m.

McCreerys Ltd.

**MEN'S CLOTHING
FURNISHINGS and HATS**

Burberry Coats

**BRITISH and CANADIAN
FURNISHINGS**

Stetson Hats

293 Portage Ave.

(Next Door East of Capitol Theatre)

Natural Tread Shoes — *The Shoe That "REASON" Built*

White Kid
Black Kid
Brown Kid

Low heels and Brains are found
closely associated.

We aim to give a shoe which conforms to nature in that it gives freedom of movement, proper balance to the body (particularly to the back) and at the same time combines good appearance with comfort.

The Natural Tread Shoe is the result of much observation and research covering many years.

Life Extension Institute Says "Disturbance due to weak feet are manifold."

Wear Natural Tread Shoes. Approved by medical profession everywhere.

FOR MEN AND WOMEN

Affleck Shoe Store

319 Portage Ave.

Winnipeg

Department of Health and Public Welfare

NEWS ITEMS

ALLERGY IN CHILDREN; Its treatment and Prevention. Robert Chabot, M.D.

The following is a copy of the first half of a report on "Allergy in Children, its treatment and prevention" written by Doctor Robert Chabot, which we believe will be of interest to the practising profession in the Province of Manitoba. Dr. Chabot's report will be completed in the next issue.

The prevention of the development of allergic manifestations is one of the important medical problems today. The picture, so frequently seen in adult life, unquestionably could be avoided if proper steps had been taken during childhood.

Bronchial asthma, eczema, and hay fever are the commonest manifestations of allergy in childhood, and make their appearance during the first three years of the child's existence in nearly half the cases. These children very frequently have a history of allergy in their families, but in at least half the cases this is not obtainable. Many observers have noted the fact that when one of these conditions occurred in both parental and maternal antecedents, the incidence of allergy was greater in the offspring than when only one was affected. These children with a bilateral family history have the occurrence of their symptoms at a much earlier age than where there is a unilateral history. There is little question, however, that they inherit a constitutional weakness which later, on proper contact, gives us the clinical signs of hypersensitivity. On the other hand, there is no evidence at all to show that there is any inheritance to the type of allergy that the parent is afflicted with. In other words, an asthmatic parent need not necessarily have a child with asthma, but one who may be afflicted with either hay fever, eczema or urticaria.

Asthma

In studying these children, one is struck by the overwhelming importance of upper respiratory infections either antedating or precipitating the first attack of asthma. The importance of pertussis, chicken-pox, measles, and pneumonia cannot be overestimated. Of the contagious diseases, pertussis is probably the most important as an etiological factor in the production of asthma.

The infectious diseases have concomitant sinus involvement as well as characteristic changes in the hilus glands of the lung. In many cases we see what probably is an initial sensitization to various bacteria as a result of having had either pertussis, measles, or chickenpox. Recent work in the production of a pertussis vaccine may be a great contribution toward the prevention of this disease and injections would act to remove it as a precipitating cause of asthma. Should these findings be substantiated by other observers, they will be of the greatest importance.

Nearly 60 per cent of the children suffering from bronchial asthma have or have had sinus involvement. The proper handling of these respiratory infections and the importance of building up the child's resistance are self-evident. Most of the children that we see have had their tonsils and adenoids removed, but too frequently do we see their recurrence which makes for reinfection. This initial bacterial sensitization, as a result of these infectious diseases, makes for repeated paroxysm on subsequent reinfection.

In a child with a background of allergy the early and complete removal of both faucial and lingual tonsils are indicated. This must be done before sinus infection has occurred, otherwise it is of little use. By and large, most of the children we see have been operated on far too late. An early operation might

have cut down the number of cases of sinusitis that we see. However, a great many of these children are sensitive to an offending allergen such as dust, feathers, or foods which cause an adenomatous and a boggy nasal mucosa, which in turn is extremely susceptible to infection. The indication is treatment by means of injections for the patient's sensitivities to things such as dust and other offending allergens when they cannot be removed from the patient's diet. Unquestionably, treatment of this type of case results in the reduction of the patient's sensitivity and in a reduction of the number of paroxysms as well as in the boggiessness of the nasal mucosa. By and large, in the case of food idiosyncrasies, removal from the diet suffices. Most of the children sensitive to foods lose that sensitivity without any treatment whatsoever, about the time they reach the age of five. However, unfortunately, they then become sensitive to the inhalant group. It is possible in some cases to prevent that sensitization by preventing contact with various animal danders and feathers. On the other hand, house dust is one of the most frequent causes of trouble and, unfortunately, there is no way of preventing sensitization occurring to that substance, and for this reason injections must be used as the best form of therapy. In addition to injections of dust extract, precautions should be observed to keep the child's room free from dust-containing objects, especially feather pillows. The child should be given a hair mattress to sleep on, as many mattresses are stuffed with substances to which the child may be sensitive (for example: cottonseed). It is a wise policy to remove all rugs or drapes and to be sure that when the home is dusted, precautions are taken not to raise dust by dry sweeping.

One of the most important preventive measures is to treat these children with diphtheria toxoid and to Dick test them so that future injections of antitoxin made of horse serum will not be needed. Approximately one per cent. of our asthmatic children are spontaneously sensitive to horse serum, which is demonstrable by skin and ophthalmic tests. Early immunization certainly in these cases will avoid fatalities.

There has been a great deal written about bacterial hypersensitivity and bacterial skin tests to show hypersensitivity. Skin testing with bacteria has in the main, not been satisfactory. The use of vaccines made from the cultures taken from the infected area is justifiable. There is no evidence, however, to show any signs of permanent immunity resulting from their use. Those cases sensitive to the various inhalants offer the best chance of overcoming nasal complications. Where hyposensitization is undertaken with injections, the nasal mucosa loses its boggiessness and sinus infections are lessened.



COMMUNICABLE DISEASES REPORTED

Urban and Rural : July, 1935

Occurring in the Municipalities of:—

Measles: Total 180 — Woodworth 53, Winnipeg 26, Blanchard 21, Strathclair 14, Lorne 12, Arthur 7, Souris 5, Roblin Rural 4, Melita 3, Minitonas 3, Unorganized 3, Brandon 2, Louise 2, Norfolk South 2, St. Vital 2, Virden 2, Gilbert Plains Village 1, Grey 1, Macdonald 1, Morden 1, Portage City 1, Rosser 1, St. Andrews 1, Tuxedo 1, Wallace 1, Winnipeg Beach 1. (Late Reported, May: Morris R. 1, Mossey River 1, Unorganized 2, Rhineland 1; June: Lorne 3, St. Boniface 1).

Whooping Cough: Total 128—Winnipeg 57, Brandon 19, Melita 13, Arthur 9, Kildonan East 8, Flin Flon 7, Louise 4, St. Boniface 4, Unorganized 3, Cornwallis 2, Woodlands 1. (Late Reported, June: Brandon 1).

NUPERCAINAL "CIBA"

(A 1% Nupercaine "Ciba" Ointment)

A liberal application of Nupercainal is a most satisfactory procedure to allay the suffering from itching of eczema, haemorrhoids, psoriasis, sunburn, etc.

CIBA CO. LTD.

Montreal

C. T. No. 691

THEOBARB

(E. B. S.)

FORMULA

Theobromine 5 grs.
Phenobarb ½ gr.
Sodium Bicarbonate 5 grs.

Antispasmodic Vasodilator.

Indicated in Arterio-Sclerosis, Hyper-Tension, Angina Pectoris and Climacteric Disorders.

SAMPLES AND LITERATURE ON REQUEST

A Few E. B. S. Specialties

Bromatol	Ferrous Chloride Syrup
Codasal, C.T. No. 248	Glyco Tonic
Codophen, C.T. No. 260	Hemroydine
Digestophos	Rheumatol
Dilaxol	Rheumatol Ointment
Dilaxol, Powder Form	Hormonal Capsules

The
E. B. Shuttleworth Chemical Co.
Limited

MANUFACTURING CHEMISTS
TORONTO CANADA

A representative Stock of E. B. S. products
carried by
CAMPBELL & HYMAN, LTD.
262 Edmonton Street
Winnipeg Manitoba

Manitoba Nurses' Central Directory

300 Power Building Phone 27 700

OFFERS HOURLY NURSING CARE

At \$1.25 for First Hour and 75c for each succeeding hour for any type of nursing care needed in the home.

All Services Rendered by Registered Nurses.

An 8-Hour Day at \$3.00 per Day

Mumps: Total 105—Winnipeg 69, St. Boniface 12, Kildonan East 9, Miniota 5, Brandon 1, Kildonan West 1, Selkirk 1, St. Vital 1, Unorganized 1, Victoria Beach 1, Winnipeg Beach 1. (Late Reported, June: St. Boniface 4).

Chickenpox: Total 102—Winnipeg 68, St. Boniface 11, Roland 4, Kildonan West 3, Virden 2, Louise 2, Brandon 1, Brenda 1, Flin Flon 1, Hillsburg 1, Neepawa 1, Portage Rural 1, Souris 1, Springfield 1, St. James 1, Winnipeg Beach 1. (Late Reported, June: Brooklands 1, St. Boniface 1).

Tuberculosis: Total 54—Winnipeg 18, Unorganized 6, The Pas 3, Selkirk 2, Stanley 2, St. James 2, St. Laurent 2, Brandon 1, Brokenhead 1, Brooklands 1, Carman 1, Dauphin Town 1, Dufferin 1, Eriksdale 1, Flin Flon 1, Franklin 1, Gilbert Plains Rural 1, Montcalm 1, Piney 1, Portage City 1, Russell Rural 1, Springfield 1, St. Andrews 1, St. Boniface 1, St. Vital 1, Virden 1.

Scarlet Fever: Total 46—Winnipeg 10, Flin Flon 9, Kildonan East 2, Minitonas 2, St. James 2, The Pas 2, Argyle 1, Ft. Garry 1, Miniota 1, Montcalm 1, Portage City 1, Silver Creek 1, Strathclair 1. (Late Reported, June: Rockwood 10, Flin Flon 2, Unorganized 1).

Diphtheria: Total 15—Winnipeg 5, Rhineland 3, Morris Rural 2, St. James 2, La Broquerie 1, Macdonald 1, Portage City 1.

German Measles: Total 10 — Brandon 1, Lorne 1, Ritchot 1. (Late Reported, June: Kildonan West 4, St. Boniface 3).

Erysipelas: Total 5—Winnipeg 1, Brandon 1, Neepawa 1, Springfield 1, St. Vital 1.

Typhoid Fever: Total 4—The Pas 2, Hanover 1, Gilbert Plains Rural 1.

Influenza: Total 2—(Late Reported, May: Franklin 1, Minto 1).

Cerebrospinal Meningitis: Total 1—Winnipeg 1.

Puerperal Fever: Total 1—Rockwood 1.

Trachoma: Total 1—Unorganized 1.

Diphtheria Carriers: Total 1—St. Boniface 1.

Veneral Diseases: Total 91—Gonorrhoea 74, Syphilis 17.

DEATHS FROM ALL CAUSES IN MANITOBA For the Month of June, 1935

URBAN—Cancer 38, Pneumonia (all forms) 11, Tuberculosis 9, Puerperal 3, Diphtheria 1, all others under one year 8, all other causes 166, Stillbirths 19. Total - - - - 255

RURAL—Pneumonia (all forms) 26, Cancer 22, Tuberculosis 21, Puerperal 5, Syphilis 3, Infantile Paralysis 2, Influenza 1, Typhoid Fever 1, Erysipelas 1, all others under one year 4, all other causes 151. Stillbirths 15. Total - 252

INDIANS—Tuberculosis 14, all others under one year 2, all other causes 11, Stillbirths 1. Total - 28

Wanted --- Senior Internes

Positions are available for Senior Internes—Board, Room, Laundry and small retaining fees for qualified physicians.—Apply, Medical Superintendent, Grace Hospital, Winnipeg.

Medical Library University of Manitoba

A summary of the contents of some of the journals available for practitioners, submitted by the Faculty of Medicine of the University of Manitoba. Compiled by T. E. Holland, B.Sc., M.D. (Man.), F.R.C.S. (Edin.).

"The Practitioner"—July, 1935.

- "Radiology and Practical Medicine"—by Lord Horder, K.C.V.O., M.D., F.R.C.P.
- "X-rays in General Practice" — by Cecil Bull, M.A., M.B., M.R.C.P.
- "The Value of X-rays in the Diagnosis of Diseases and Injuries of the Skull"—by W. V. Coldwell, M.B., B.S., D.M.R.E.
- "Radiology of Chest Disease"—by Franklin G. Wood, M.A., M.B., B.Ch., D.M.R.E.
- "The X-ray Diagnosis of Abdominal Disease"—by Peter Kerley, M.D., D.M.R.E.
- "Deep X-ray Therapy in Malignant Disease"—by Walter M. Leavitt, M.D., M.R.C.P., D.M.R.E.
- "X-rays in Skin Diseases"—by A. M. H. Gray, C.B.E., M.D., F.R.C.P., F.R.C.S.
- "Fulguration and Electro-Desiccation"—by E. P. Cumberbatch, M.B., F.R.C.P., and W. Douglas Harmer, M.Ch., F.R.C.S.
- "Circumcision in Children" — by T. A. Ward, M.B., Ch.B.
- "The Use of the 'Permanent' Jejunal Tube in the Treatment of Gastric Ulcer" — by W. Gilges, M.D., and F. Parkes Weber, M.D., F.R.C.P.

"Canadian Medical Association Journal" —July, 1935.

- "Early Protected Weight bearing in the Treatment of Fractures of the Foot, Ankle and Leg" — by Fraser B. Gurd, F.R.C.S.(C), Montreal.
- "The Clinical and Pathological Features of a Series of Twenty Cases of Hodgkins Disease"—by Edward S. Mills and Joseph E. Pritchard, Montreal.
- "Acute Cholecystitis"—by James McKenty, M.D., F.A.C.S., F.R.C.S.(C), Winnipeg.
- "The Antipyretics"—by V. E. Henderson, Dept. of Pharmacology, University of Toronto, Toronto.

"Canadian Public Health Journal"—July, 1935.

- "The Provision of Medical Care in Western Canada"—by F. W. Jackson, M.D., D.P.H., President, Canadian Public Health Association.

—An address given in Toronto, June 3, 1935.

LABORATORY POULENC FRÈRES of Canada Limited

The home of:

NOVARSENOBENZOL BILLON

STOVARSO

SONERYL

GARDENAL

and other highly ethical pharmaceutical specialties.

Canadian Distributors

Rougier Frères 350 Le Moyne St. Montreal

At Your Service—

PARKE, DAVIS & COMPANY

The World's Largest
Makers of Pharmaceutical
and Biological Products

•

*Descriptive literature concerning any of
our Products will be gladly supplied
to physicians on request.*

•

WINNIPEG BRANCH

138 Portage Ave. East

Phone 92 443 92 444

QUALITY FLOWERS

311 DONALD
STREET

The Orchid

Victor L. Scott

Phone
87 971 - 80 887

McLEAN PRINTERS

Printers of "The Review"

Kelvin and Hart -:- WINNIPEG

Phone 501 122

CAMPBELL'S VITOL

Prepared Fresh Daily in our Dispensary
The Improved Palatable

Cod Liver Oil Medication

Containing
AYERST'S BIOLOGICALLY TESTED
COD LIVER OIL
FRESH LEMON JUICE
CALCIUM
AROMATIC and STOMACHIC OILS
Dispensed only on Doctor's Prescriptions

The Winnipeg Drug Co. Ltd.

H. D. Campbell

PRESCRIPTION SPECIALISTS

407 PORTAGE AVE. (Cor. Kennedy)

Phone 21 621

Medical Business Bureau

101 Medical Arts Bldg.

Winnipeg

COLLECTION of ACCOUNTS
PUBLIC STENOGRAPHY
AUDITING and BOOKKEEPING

J. L. HEWITT, Manager.

Delicious to the most
jaded palate

Drewrys Dry Ginger Ale

3 Sizes: 6-oz. — 12-oz. — 28-oz.

"Evaluation of Health Hazards in Industry"—
by F. M. R. Butler, M.B., Division of Industrial Hygiene, Ontario Dept. of Health, Toronto.

"Contributions to the Laboratory Diagnosis of Amoebiasis from the Chicago Outbreak of 1933"—by Fred O. Tonney, M.D., and his assistants from the Section of Technical Service & Research Board of Health, Chicago, Ill.

"The New England Journal of Medicine"
—March 14, 1935.

"Some Experiences in the Treatment of Young Diabetics, from the Point of View of the General Practitioner"—by Barbara Beattie, M.D.

HEALTH SUPPORTS

FIVE special features in "FISHERMADE" Health Supports that have gained the approval of the Medical Profession across Canada from Coast to Coast.

1. A definitely firm uplift is given due to the construction of the front section reinforcements starting upwards from just above the pubic bone and to the support given by means of the adjustment which draws from over the pubic area across the hips and over the sacrum.

2. That all "FISHERMADE" Health Supports are constructed to give relief to Sacro-iliac strain.

3. No downward pressure to the organs of the viscera.

4. Having no downward pressure, and complete freedom at the waist line, the muscle tone is conserved.

5. That there is freedom over the diaphragm so the function of respiration is better performed and the liver, gall bladder and stomach do not suffer by restriction.

Added to the above is the fact Doctors can confidently prescribe a "FISHERMADE" Health Support in the full assurance the body contour will be improved, rather than otherwise, a feature that is most essential to a woman's requirements and that perfect fit with comfort can be obtained.

Made in Canada by FISHER & BURPE, Limited, Winnipeg, Manitoba.

THE SCHOOL-CHILD'S BREAKFAST

Many a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pabulum, Mead's Cereal pre-cooked and dried. Six times richer than fluid milk in calcium, ten times higher than spinach in iron, and abundant in vitamins B and G, Pabulum furnished protective factors especially needed by the school-child. The ease with which Pabulum can be prepared enlists the mother's co-operation in serving a nutritious breakfast. This palatable cereal requires no further cooking and can be prepared simply by adding milk or water of any desired temperature. Its nutritional value is attested in studies by Crimm *et al* who found that tuberculous children receiving supplements of Pabulum showed greater weight-gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina.

Mead Johnson & Company, Evansville, Indiana, will supply reprints on request to physicians.—Adv't.